

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10593056

FILING DATE

9-15-66

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1			1		52						
3		2			1		53						
4	0			1			54						
5	0			1			55						
6	0			1			56						
7	0			1			57						
8	0			1			58						
9	0			1			59						
10	0			1			60						
11	0			1			61						
12	0			1			62						
13	0			1			63						
14	0			1			64						
15	0			1			65						
16	0			1			66						
17	0			1			67						
18	0			1			68						
19	0			1			69						
20	0			1			70						
21	0			1			71						
22	0			1			72						
23	0			1			73						
24	0			1			74						
25	0			1			75						
26	0			1			76						
27	0			1			77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1			1									
TOTAL DEP.	27	←	26	←	26	←							
TOTAL CLAIMS	28		27		27								